



## CLARK COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL PUBLIC HEALTH

1601 East Fourth Plain Blvd. - P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 Fax (360) 397-8084

### TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION PACKET

#### IF YOU ARE GOING TO MAIL THIS APPLICATION:

1. Complete both pages of information.
2. Mail this application **and** the temporary event permit fee at least **ONE MONTH IN ADVANCE** of the event.
3. Make your check payable to **Clark County Health Department**. Permit fees are not refundable.
4. Mail to: Clark County Health Department – Environmental Public Health  
P.O. Box 9825  
Vancouver, WA 98666-8825

#### IF YOU ARE GOING TO PAY FOR THIS PERMIT AT THE HEALTH DEPARTMENT:

1. You will need to know the information below and will have to write this information on the permit form at the counter.
2. You may choose to complete page 2 before you come in to the office.
3. You must apply **and** pay for this permit at least **14 CALENDAR DAYS IN ADVANCE** of the event. Permit fees are not refundable.
4. Location: Clark County Health Department - Environmental Public Health  
1601 East Fourth Plain Blvd. Vancouver, Washington  
Office hours: Monday – Friday 8:00 AM to 4:30 PM

An Environmental Health Specialist will review this application. The review may result in limiting some preparation steps, limiting some menu items and /or imposing additional requirements as necessary to protect public health.

Name of Concession (dba) \_\_\_\_\_  
If you are a non-profit organization,  
Owner / Organization Name \_\_\_\_\_ what is your tax exempt ID # 501 (c)(3) \_\_\_\_\_  
PERSON IN CHARGE of Concession \_\_\_\_\_ Phone No. \_\_\_\_\_ Concession Phone \_\_\_\_\_

Name of Event \_\_\_\_\_  
Date of Event \_\_\_\_\_ Time of Food Sales \_\_\_\_\_ AM or PM  
Event Location **AND** Street Address \_\_\_\_\_  
Event Coordinator \_\_\_\_\_ Phone No. \_\_\_\_\_

**I understand that all food for this event must be prepared on-site on the day of the event or in a Health Department licensed kitchen.**

Signature of Applicant \_\_\_\_\_  
Print Applicant Name \_\_\_\_\_  
If you are applying by mail, to whom should the permit be mailed?  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

DATE PAID: \_\_\_\_\_ RP \_\_\_\_\_ AR \_\_\_\_\_ OW \_\_\_\_\_ FA \_\_\_\_\_  
AMT RCVD: \$ \_\_\_\_\_ IN \_\_\_\_\_ CO \_\_\_\_\_ EHA: \_\_\_\_\_ EHS: \_\_\_\_\_  
SR \_\_\_\_\_

PLEASE LIST BELOW ALL FOOD THAT WILL BE SERVED TO THE PUBLIC FROM THIS TEMPORARY FOOD ESTABLISHMENT. Include ice supplier and water supply. **Food prepared in a private home or home-canned food CANNOT be served to the public.**

Food Item	Supplier	Final cooked food temperature	On-site Preparation?		How served?	
			Yes	No	Hot	Cold

- A hand washing station must be set up in the concession stand. All workers must wash their hands before any food preparation begins. Lack of a complete hand wash station will be an immediate closure.** Will there be a 5 gallon (or larger) insulated container with a continuous flow spigot, WARM water, a pump soap dispenser, paper towels, and a catch bucket for dirty water? Yes ☐ No ☐ If no, please describe.
- There can be no bare hand contact with ready-to-eat food (example: hot dog or hamburger buns, cheese put on hamburgers). Will there be gloves, tissues or tongs available for food workers to use? \_\_\_\_\_
- What equipment/units will be used on-site to cook food? ☐ Grill ☐ Fryer ☐ Roaster oven ☐ Gas grill ☐ Stove ☐ Wok ☐ BBQ ☐ Other - Describe.
- What equipment will you have on-site to keep food hot? ☐ Grill ☐ Steam table ☐ Roaster oven ☐ Gas grill ☐ Stove ☐ BBQ ☐ Other - Describe. **Canned heat (Sterno) under chafing dishes is not allowed for hot holding at outdoor events.**
- How will you protect the public from the above cooking or hot holding units? \_\_\_\_\_
- What equipment will you have on-site to keep food cold? ☐ Refrigerator ☐ Refrigerated truck ☐ Freezer ☐ Ice chest ☐ Other Note: Mechanical refrigeration may be required for potentially hazardous foods at events lasting longer than 8 hours.
- Will you have refrigerator thermometers in all refrigerators and ice chests? \_\_\_\_\_
- Describe how you will prevent cross contamination of raw meat product and ready-to-eat food? ☐ Separate ice chest for raw meat storage. ☐ Raw meat will be stored on the bottom refrigerator shelf. ☐ Separate cutting boards for vegetables and meat. ☐ Other. Describe.
- Will you have a thin, metal stem food thermometer with a range from 0°F to 220° F? \_\_\_\_\_  
**You cannot use a roast thermometer or a glass candy thermometer.** They do not have this range.
- Will your food booth/concession be inside a building? Yes ☐ No ☐ If no: What is the overhead covering? \_\_\_\_\_  
What is on the ground? \_\_\_\_\_
- Describe the sanitizer you will have on site. \_\_\_\_\_  
Example: A bucket with **1-teaspoon** of bleach per one gallon of water and a clean towel for sanitizing.
- Wastewater cannot be dumped down a storm drain or on the ground. Where will the wastewater be disposed? \_\_\_\_\_
- Do you have a green Temporary Food Establishment Information pamphlet? Yes ☐ No ☐ If **no**, ask for a copy of this pamphlet before you leave the Environmental Health counter or find this attached to the temporary packet. **All food workers and volunteers must read this pamphlet before the event.**
- Have you set up and served food for a temporary event in Clark or Skamania County before? Yes ☐ No ☐
- During each shift, a person-in-charge must be on-site at all times with a valid **Washington** State Food and Beverage Worker Card. List those people.  
Name \_\_\_\_\_ Shift hours \_\_\_\_\_ Name \_\_\_\_\_ Shift hours \_\_\_\_\_  
Name \_\_\_\_\_ Shift hours \_\_\_\_\_ Name \_\_\_\_\_ Shift hours \_\_\_\_\_
- Will any food be prepared in a licensed kitchen in a county other than Clark or Skamania County? No ☐ Yes ☐ If yes, you must provide a copy of the license/permit and a copy of the last inspection (within the last six months) from the Health Department.

I understand the requirements above and know that all food for this event must be prepared on-site on the day of the event or in a Health Department licensed kitchen.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_